

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF NEW MEXICO

CARMELITA M. DESIDERIO, as
Personal Representative of the Estate of
PHILLIP R. CURLEY, deceased

Plaintiff,

V.

No. 1:23-cv-00057-SCY-KRS

UNITED STATES OF AMERICA,
JANELLE D. JONES, M.D., and
JOY G. HARRISON, M.D.,

Defendants.

AFFIDAVIT OF SERVICE ON THE HONORABLE MERRICK B. GARLAND,
ATTORNEY GENERAL OF THE UNITED STATES OF AMERICA
ON BEHALF OF THE UNITED STATES OF AMERICA

[illegible]

I, Sarah Benally, upon oath depose and state:

1. I am resident of the State of New Mexico and over eighteen (18) years of age.
2. I served a Complaint to Recover Damages for the Wrongful Death Resulting from Medical Negligence Arising Under The Federal Tort Claims Act, Summons, and Notice of Judge Assignment, via pre-paid postage, certified mail, return receipt requested, on the Honorable Merrick B. Garland, Attorney General of the United States of America on behalf of the United States of America in Washington, D.C. on February 16, 2023 [See Return Receipt attached hereto].


Sarah Benally, Affiant

SUBSCRIBED AND SWORN to before me this 22 day of February, 2023 by
SARAH BENALLY.



Notary Public

My Commission Expires:

9/17/26

**State of New Mexico
Notary Public
Christina R Martinez
Commission Number 1123241
Expiration Date 9/17/ 2026**

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Sept To
 Honorable Merrick B. Garland, AG of USDOJ
 Street & Apt. No.,
 or PO Box No. 950 Pennsylvania Ave, NW
 City, State, ZIP+4
 Washington, DC 20530-0001

PS Form 3800, July 2014 See Reverse for Instructions

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Honorable Merrick B. Garland Attorney General of the United States Department of Justice 950 Pennsylvania Ave, NW Washington, DC 20530-0001</p> <p style="text-align: center;">  9590 9402 4590 8278 3279 22 </p> <p>2. Article Number (Transfer from service label) 7014 3490 0001 7561 8828</p>	<p>A. Signature X</p> <p>B. Received by (Printed Name) 20 Jan</p> <p>C. Date of Delivery FEB 16 2023</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
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